Attorney Docket No. 2835-0156PUS1



PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD FOR THE M	ANUFACTURE	OF A HINGE-LID BOX	ς			S 01.7		
Fill in Appropriate	the specification of wh		nereto. If not attached here	eto, the application	on is identified by the	attorney docket			
Information -	The specification was filed ona								
For Use Without	United States Application Number						;		
Specification	and amended on the specification was filed on 15 April 2004					(if applicable) and/or			
Attached:	the specification	DCT/FT2004/0002		as PCT					
	amended on 31	2004/0002	; and was						
						· •	plicable)		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year								
	prior to this application date of this application representative or assignatent or inventor's ceapplication by me or in the properties or inventor's certificate or inventor's certificate.	on, that the inve on in any cour gns more than t ertificate on this ny legal represe reign priority b e listed below ar t of the applicat	ntion has not been paten ntry foreign to the Unite welve months (six month invention has been filed ntatives or assigns, except enefits under Title 35, Un d have also identified be ion on which priority is cl	ted or made the ed States of Am is for designs) p in any country for as follows. Ited States Code ow any foreign and the states of the states	subject of an inventonerica on an application to this application or to the United	r's certificate issu- ion filed by me on, and that no a States of America preign application or inventor's cert	ed before the or my legal pplication for a prior to this (s) for patent ificate having		
Insert Priority						Priority C	Jaimed		
Information:	20030581	Finland		04/16/2		$\square$			
(if appropriate)	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No		
		-			•	П			
	(Number)	(Country)	To the State of the second	(Month/Day	/Year Filed)	Yes	No		
				•	•	_	_		
	(Number)	(Country)	<del></del>	(Month/Day	/Year Filed)	☐ Yes	□ No		
	(Number)	(Country)	e may so a	(Month/Day	/Year Filed)	Yes	□ No		
	I hereby claim the bene	efit under Title 3	35, United States Code, §1	19(e) of any Unit	ted States provisional	applications(s) lis	ted below.		
Insert Provisional									
Application(s): (if any)	(Application Number)			(Filing D	ate)				
	(Application Number) (Filing Date)								
	All Foreign Application the Filing Date of This	ns, if any, for a Application:	ny Patent or Inventor's Co	ertificate Filed M	fore than 12 Months (	6 Months for Des	igns) Prior to		
	Country		Application Number		Date of Filing (Mont	h/Day/Year)			
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pe	ending, abandone	<u>d)</u>		
,						·			
Page 1 of 2 (Rev. 05/2004)	(Application Number)		(Filing Date)		(Status - patented, pe	ending, abandone	d)		

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor: nsert Name of Inventor nsert Date This Document is Signed	GIVEN NAME/FAMILY NAME Seppo KATAJAMAKI	INVENTOR'S SIGNATURE	DATE* 2005-10-31				
nsert Residence nsert Citizenship →	Residence (City, State & Country) Tampere, Finland		CITIZENSHIP Finnish				
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)  Eljanderinkatu 9 B 9, FI-33230 Tampere, Finland						
ull Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Lu WENTAO	INVENTOR'S SIGNATURE	DATE* 2505-10-28				
	Residence (City, State & Country) Äänekoski, Finland	a	TTIZENSHIP Swedish				
	MAILING ADDRESS (Complete Street Add Väinämönkatu 8 A 10, FI-44100	dress including City, State & Country) Äänekoski, Finland					
ull Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	C	CITIZENSHIP				
	MAILING ADDRESS (Complete Street Add	dress including City, State & Country)					
ull Name of Fourth Inventor, if any: see above							
Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
Inventor, if any:	Residence (City, State & Country)	C	DATE*				
Inventor, if any:		C					
Inventor, if any:	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	C					
Inventor, if any: see above  ull Name of Fifth Inventor, if any:	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME  Residence (City, State & Country)	dress including City, State & Country)  INVENTOR'S SIGNATURE  CI	ITIZENSHIP				
Inventor, if any: see above  ull Name of Fifth Inventor, if any:	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	dress including City, State & Country)  INVENTOR'S SIGNATURE  CI	ITIZENSHIP  DATE*				
Inventor, if any: see above  ull Name of Fifth Inventor, if any:	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME	dress including City, State & Country)  INVENTOR'S SIGNATURE  CI	ITIZENSHIP  DATE*				
Inventor, if any:  see above  all Name of Fifth Inventor, if any:  see above	Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Add	dress including City, State & Country)  INVENTOR'S SIGNATURE  CI dress including City, State & Country)  INVENTOR'S SIGNATURE	DATE*				

Page 2 of 2 (Rev. 05/2004)

\*DATE OF SIGNATURE